FORM D.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

PROCESSED FORM D

SEP 1 9 2008 NOTICE OF SALE OF SECURITIES THOMSON REUTERSPURSUANT TO REGULATION D, UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL

OMB Number: 3235-0076 Expires: March 30, 2008 Estimated average burden hours per form.....1

| SEC USE ONLY | | | | | | |
|--------------|----------|--|--|--|--|--|
| Prefix | Serial | | | | | |
| | | | | | | |
| DATE | RECEIVED | | | | | |

| Name of Offering (check if this is an a | mendment and name has chan | ged, and indicat | c change.) | | | | |
|--|---------------------------------|--------------------|---------------------|-------------|---------|-------------------|-------------------------|
| Class A Unit Offering | | | | | | | |
| Filing Under (Check box(es) that apply): | ☐ Rule 504 | □Ru | le 505 🗵 | Rule 506 | | Section 4(6 | S) 🔲 ULOE |
| Type of Filing: | | ☐ New I | iling | | X | Amendm | |
| | A. BAS | SIC IDENTIFI | CATION DATA | | | | |
| Enter the information requested about | t the issuer | - - | • | | | | |
| Name of Issuer (check if this is an ame | ndment and name has changed | , and indicate cl | nange.) | | | | |
| Baja Brewing Company, LLC | | | | | | | 08059184 |
| Address of Executive Offices | (Number and S | treet, City, State | , Zip Code) Tel | ephone Nun | nber (I | ncluding A | . , |
| SA de CV, Morelas SN #1277, E/ | Comonfort Y Obregon, (| Col. Centro (| CP 23400, San Jo | se del Ca | bo, E | CS, Mexico | |
| Address of Principal Business Operations (if different from Executive Offices) | (Number and Street, City, State | e, Zip Code) | Tel | ephone Nun | nber (I | ncluding Area (| Code) |
| Same | | | | | | | |
| Beer Brewing | | | | | | | |
| Type of Business Organization | | | | | | | |
| ☐ corporation | ☐ limited partnership, alread | ly formed | | ⊠ othe | r (plea | ise specify): Lin | nited Liability Company |
| ☐ business trust | ☐ limited partnership, to be | formed | | | | | |
| | | Month 07 | <u>Year</u> 2007 | | | | |
| Actual or Estimated Date of Incorporation | - | | | | X | Actual | ☐ Estimated |
| Jurisdiction of Incorporation or Organizati | , | | | : | | | DE |
| | CN for Canada; FN for | other foreign j | urisdiction) | | | | DE |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

| Check Box(es) that Apply: | Promoter | ⊠ Beneficial Owner | X Executive Officer | ☑ Director | ☑ General and/or Managing Partner | | | | | | |
|---|------------------------------|--------------------------------|---------------------------------------|---|--------------------------------------|--|--|--|--|--|--|
| Full Name (Last name first, if individual) | | | | | | | | | | | |
| Gardenhire, (| Charlie | | | | | | | | | | |
| | | Street, City, State, Zip Code) | | LIOL DOOM | | | | | | | |
| SA de CV, Morelas SN #1277, E/Comonfort Y Obregon, Col. Centro CP 23400, San Jose del Cabo, BCS, Mexico | | | | | | | | | | | |
| Check | ☐ Promoter | ■ Beneficial Owner | Executive Officer | ☑ Director | General and/or | | | | | | |
| Box(es) that Apply: | | | | | Managing Partner | | | | | | |
| Full Name (Last | name first, if individual) | <u> </u> | | | | | | | | | |
| Gardenhire, | | | | | | | | | | | |
| Business or Res | idence Address (Number and | Street, City, State, Zip Code) | | | | | | | | | |
| SA de CV, M | forelas SN #1277, E/Co | monfort Y Obregon, Col. | Centro CP 23400, San Jo | <u>se del Cabo, BCS, Mexi</u> | co | | | | | | |
| Check Box(es) that Apply: | Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☑ Director | General and/or Managing Partner | | | | | | |
| Full Name (Las | name first, if individual) | | | <u> </u> | | | | | | | |
| Burridge, Pe | te | | | | · | | | | | | |
| | | Street, City, State, Zip Code) | | | | | | | | | |
| c/o Greenhor | ise Partners, LLC, 1011 | Walnut Street, Boulder | CO 80302 | | | | | | | | |
| Check Box(cs) that Apply: | ☐ Promoter | Beneficial Owner | ☐ Executive Officer | ☐ Director | General and/or Managing Partner | | | | | | |
| | name first, if individual) | | | | | | | | | | |
| • | Partners, LLC | | | | | | | | | | |
| | | Street, City, State, Zip Code) | | · • • • • • • • • • • • • • • • • • • • | | | | | | | |
| | Street, Boulder, CO 80 | • | | | | | | | | | |
| Check | Promoter | ☑ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or | | | | | | |
| Box(es) that Apply: | | | | | Managing Partner | | | | | | |
| | t name first, if individual) | | | | | | | | | | |
| Saggio LLLI | | | | | | | | | | | |
| | | Street, City, State, Zip Code) | | | | | | | | | |
| | eet, Ste. 300, Denver, C | | | | | | | | | | |
| Check | Promoter | ☑ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or | | | | | | |
| Box(es) that | Li Promotei | E Belieficial Owner | Executive Officer | L Director | Managing Partner | | | | | | |
| Apply: | | | | | | | | | | | |
| | t name first, if individual) | | | | | | | | | | |
| Barker, Scot | | | | | | | | | | | |
| Business or Res | idence Address (Number and | Street, City, State, Zip Code) | | | | | | | | | |
| 2349 Bitterre | oot Lane, Golden CO 80 | 201 | | | | | | | | | |
| Check | ☐ Promoter | ■ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or | | | | | | |
| Box(es) that | | | | | Managing Partner | | | | | | |
| Apply: | | | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| Full Name (Last name first, if individual) | | | | | | | | | | | |
| Sinclair, Murray | | | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | | | | |
| 77 King Street. W, Ste. 3110, POB 157 Toronto Ontario Canada M5K 1H1 | | | | | | | | | | | |

| Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? | | | | | | | | o <u>X</u> | | | | | |
|---|---|-------------------------|-----------------------|---------------|--------------|--------------|---------|--------------|--------------|---------------|-------------|----------|------------|
| 2. | | | | | | | | | ******* | \$ <u>N/A</u> | | | |
| 3. | Vec Y No | | | | | | | | | o <u> </u> | | | |
| - | | | | | | | | | | | | | |
| 4. | 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. | | | | | | | | | | | | |
| NO | ONE | | | | | | | | _ | | | | |
| Ful | l Name (Le | ast name first, | if individual |) | | - | | | | | | | |
| - D | -i D | esidence Add | mag (Niumbar | and Street | City State | Zin Code) | | | | | | <u> </u> | . <u> </u> |
| Bus | siness or ro | esidence Addi | iess (iaminoci | and Succe, | cny, state, | Zip Code) | | | | | | | |
| Naı | me of Asso | ciated Broker | or Dealer | <u></u> | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | ch Person List | | | | | | | | | | | All States |
| • | | tates" or chec | | | | | | | | | IGAL | (HII | [ID] |
| [AI | • | [AK] | (AZ) | [AR] | [CA] | [CO] | [CT] | [DE] | IDCI | (FL) (MI) | [MN] | [MS] | [MO] |
| IIL | - | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] [ND] | [011] | [OK] | [OR] | [PA] |
| [M | • | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | (NC) [VA] | [VA] | [WV] | [M] | [WY] | [PR] |
| [RI | | [SC] ast name first, | [SD] if individual | [TN] | ĮTXĮ | [UT] | [VT] | [VA] | TAUL | 1,, ,1 | 1***1 | [, | [] |
| | | , | , | , | | | | | | | | | |
| Bu | siness or R | esidence Add | ress (Number | r and Street, | City, State, | Zip Code) | | | | | | | |
| | | ociated Broker | | | | | | | | | | | |
| | | ch Person List | | | | | | | | | | | 5 |
| (Cl | | | | | | | | | | | | | |
| [A] | L] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | | | | [ID] |
| (II. | • | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | (MN) | [MS] | [MO] |
| ĮΜ | T | [NE] | [NV] | [HH] | ונמן | [NM] | ĮNYĮ | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [R | | (SC) ast name first | [SD] | [TN] | JTXI | [עדן] | [VT] | [VA] | [VA] | [WV] | [WI] | [WY] | [PR] |
| ru | II IVAIIIC (L | asi name msi | , II marvidua | 1) | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | | | | | | |
| Na | me of Asse | ociated Broke | r or Dealer | | | | | | | | | | |
| | * . 4129 * | ah De | and 17 0-1" | ited as I-4: | da to Colici | t Durakesses | <u></u> | | | | _ | | |
| | | ch Person Lis | | | | | | | | | | | All States |
| • | | States" or chec [AK] | ek individual [AZ] | [AR] | [CA] | [CO] | (CT) | [DE] | IDCI | [FL] | [GA] | [HI] | [ID] |
| (A (IL) | | [IN] | [AZ] [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| lir | -1 | [1114] | 11/71 | 1000 | 1.2.1 | 1 , ,] | | | f 1 | | | | |
| 1M | Πĵ | [NE] | INVI | [NH] | [וא] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | {PA] |

B. INFORMATION ABOUT OFFERING

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| | Type of Security | Aggregate Offering Price | Amount Already Sold |
|--------|---|-----------------------------|----------------------------|
| | Debt | \$ | \$ |
| | Equity | \$ | \$ |
| | Common Preferred | Ψ | <u> </u> |
| | Convertible Securities (including warrants) | \$ | \$ |
| | Partnership Interests | \$ | \$ |
| | Other (Specify: Class A Units) | \$ 1,000,000.00 | \$ 955,000.00_ |
| | Total | \$ 1,000,000,00 | \$ 955,000.00 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | Φ <u>1,000,000,00</u> | <u> </u> |
| 0 | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | |
| • | | Number | Aggregate |
| | | Investors | Dollar Amount of Purchases |
| | Accredited Investors | 17 | \$ <u>955,000.00</u> |
| | Non-accredited Investors | | \$ |
| | Total (for filings under Rule 504 only) | | \$ |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | |
| S | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. | Type of | Dollar Amount |
| | | Security | Sold |
| | Type of Offering | | • |
| | Rule 505 | | \$ |
| | Regulation A | | \$ \$ |
| | Rule 504 | | \$ |
| i i | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | |
| | Transfer Agent's Fees | Ö | \$ |
| | Printing and Engraving Costs | | \$ |
| | Legal Fees | X | \$ 10,000.00 |
| | Accounting Fees | | \$ <u> </u> |
| | | 0 | s |
| | Engineering Fees | | |
| | • | | s |
| | Engineering Fees | 0 | |

| C. OFFERING PRICE, | NUMBER OF INVESTORS, EXPENSES AND | USE OF PROCEEDS | |
|--|---|---|-------------------------------|
| b. Enter the difference between the aggregate offering in response to Part C – Question 4.a. This difference | g price given in response to Part C - Question 1 and the is the "adjusted gross proceeds to the issuer" | l total expenses furnished | \$ 945,000.00 |
| Indicate below the amount of the adjusted gross proceed If the amount for any purpose is not known, furnish a payments listed must equal the adjusted gross proceeds | an estimate and check the box to the left of the e | on 4.b above. | |
| | | Payment to Officers, Directors, & Affiliates | Payment To Others |
| Salaries and fecs | | S | □ \$ |
| Purchase of real estate | | | |
| Purchase of real estate Purchase, rental or leasing and installation of machinery and | | | |
| Construction or leasing of plant buildings and facilities | | | □ \$ |
| Acquisition of other businesses (including the value of secu | | | |
| in exchange for the assets or securities of another issuer purs | uant to a merger) | <u></u> \$ | - \$ |
| Repayment of indebtedness | | □ \$ | \$ |
| Working capital | | □ \$ | ⊠ \$ <u>945,000.00</u> |
| Other (specify): | | | |
| | | □ \$ | □ \$ |
| Column Totals | | | 図 \$ 945,000.00 |
| Total Payments Listed (column totals added) | | | 15,000.00 |
| | D. FEDERAL SIGNATURE | | |
| The issuer had duly caused this notice to be signed by the u | advantage of duty authorized neman. If this notice | is filed under Rule SOS, the | following signature cons |
| an undertaking by the issuer to furnish to the U.S. Securitie non-accredited investor pursuant to paragraph (b)(2) of Rule | s and Exchange Commission, upon written reques | of its staff, the informatio | n fumished by the issuer |
| Issuer (Print or Type) | Signature | | Date |
| Baja Brewing Company, LLC | AL III | | 1/12/08 |
| Name of Signer (Print or Type) | Title of Signer (Print or Type) | | • |
| Charlie Gardenhire | Chief Executive Officer | | |

| | E. STATE SIGNAT | JRE | | | | | |
|----|--|--|-----------|-------------|--|--|--|
| 1. | Is any party described in 17 CFR 230.262 presently subject to any of the disqualification | provisions of such rule? | Yes | No X | | | |
| | See Appendix, Column 5, for s | | | | | | |
| 2. | The undersigned issuer hereby undertakes to furnish to the state administrator of any statimes as required by state law. | | | 00) at such | | | |
| 3. | The undersigned issuer hereby undertakes to furnish to any state administrators, upon wi | itten request, information furnished by the issuer to offe | erees. | F | | | |
| 4. | I. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. | | | | | | |
| Th | ne issuer has read this notification and knows the contents to be true and has duly cause | I this notice to be signed on its behalf by the undersi | gnea auty | autnortzeu | | | |
| pe | rson. | | Date | | | | |
| | suer (Print or Type) Signature | 7/0/1/ | Date | | | | |
| Ba | aja Brewing Company, LLC | 2 /201 | 1/12 | 108 | | | |
| Na | ame of Signer (Print or Type) Title of Signer | ner (Print or Type) | | | | | |
| CI | harlie Gardenhire Chief Ex | ecutive Officer | | | | | |

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

